



Operator Incident Report Non-Collision Accident or Incident

Please provide the information below as completely as possible and submit the completed form to either the Dispatch Office or the Road Supervisor on the same day as the incident. Use additional pages if necessary.

**Notice to Operator -- Do Not Discuss This Incident with Anyone
Except Transit Representatives.**

☐ RTS ☐ BBS ☐ LATS ☐ LL ☐ OTS ☐ STS ☐ WATS ☐ WYTS

Transit Operator Information

Name: _____
Address: _____
Badge #: _____ Tel #: _____

Injured Person(s)

Name: _____
Address: _____
Telephone #: _____

Name: _____
Address: _____
Telephone #: _____

Incident Information

Date: _____, 200__ Time: _____ ☐ am ☐ pm
Location _____
Bus No. _____ Line _____ Block # _____
Was a Road Supervisor called? ☐ Yes ☐ No
Was the injured person: ☐ Boarding Front Door ☐ Boarding Back Door
☐ Alighting Front Door ☐ Alighting Back Door
☐ Outside the Bus – How Far from Bus? _____
How Far was Bus from curb? _____
☐ Carrying packages ☐ Using Handrails
Did the injured person use: ☐ Cane ☐ Walker ☐ Wheelchair
☐ Other Mobility Device (identify) _____
Injured person's footwear: Type _____ Condition _____
Bus was: ☐ Standing ☐ Moving
☐ Stopping - Approximate Speed Before Began Stopping _____ mph
Weather Conditions: ☐ Clear ☐ Cloudy ☐ Rainy ☐ Snowy
Road Conditions: ☐ Dry ☐ Icy ☐ Slushy ☐ Snowy ☐ Wet

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Name of Employee Filing Report (Print Name) _____
Signature of Employee _____
Date Report Completed _____